



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2009

OF THE CONDITION AND AFFAIRS OF THE

ENVISION INSURANCE COMPANY

NAIC Group Code 0000, 0000 NAIC Company Code 12747 Employer's ID Number 20-4308924

(Current Period) (Prior Period)

Organized under the Laws of Ohio, State of Domicile or Port of Entry Ohio

Country of Domicile US

Licensed as business type:

Life, Accident and Health [X] Property/Casualty [] Hospital, Medical and Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Other []
Health Maintenance Organization [] Is HMO Federally Qualified? Yes () No ()

Incorporated/Organized February 8, 2006 Commenced Business January 1, 2007

Statutory Home Office 2181 East Aurora Rd, Twinsburg, Ohio 44087
(Street and Number, City or Town, State and Zip Code)

Main Administrative Office 2181 East Aurora Rd, Twinsburg, Ohio 44087 330-405-8089
(Street and Number, City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 2181 East Aurora Rd, Twinsburg, Ohio 44087
(Street and Number, City or Town, State and Zip Code)

Primary Location of Books and Records 2181 East Aurora Rd, Twinsburg, Ohio 44087
(Street and Number, City or Town, State and Zip Code)
330-405-8089
(Area Code) (Telephone Number)

Internet Website Address www.envisionrxplus.com

Statutory Statement Contact Edwin Jenaro Alicea, CPA 330-486-6377
(Name) (Area Code) (Telephone Number) (Extension)
ealicea@rxoptions.net 330-486-4801
(E-Mail Address) (Fax Number)

OFFICERS

Kevin Michael Nagle (President) Catherine Hoagland Strautman (Executive Vice President)
Kimberly Sue Kirkbride (Treasurer) Eugene Paul Samuels (Secretary)

OTHER OFFICERS

Barry Irwin Katz, R. Ph. (Chief Operating Officer)

DIRECTORS OR TRUSTEES

Kevin Michael Nagle
Catherine Hoagland Strautman
Barry Irwin Katz, R. Ph.
Kimberly Sue Kirkbride
Eugene Paul Samuels, JD

State of Ohio }
County of Summit } SS

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Kevin Michael Nagle President Catherine Hoagland Strautman Executive Vice President Kimberly Sue Kirkbride Treasurer

Subscribed and sworn to before me this day of
a. Is this an original filing? Yes (X) No ()
b. If no: 1. State the amendment number 0
2. Date filed
3. Number of pages attached 0

ASSETS

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Col. 1 minus Col. 2)	
1. Bonds	5,671,853	0	5,671,853	4,571,325
2. Stocks:				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens	0	0	0	0
3.2 Other than first liens	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ 0 encumbrances)	222,757	0	222,757	226,276
4.2 Properties held for the production of income (less \$ 0 encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$ 0 encumbrances)	0	0	0	0
5. Cash (\$ 9,244,060), cash equivalents (\$ 0) and short-term investments (\$ 0)	9,244,060	0	9,244,060	449,940
6. Contract loans (including \$ 0 premium notes)	0	0	0	0
7. Other invested assets	0	0	0	0
8. Receivables for securities	0	0	0	0
9. Aggregate write-ins for invested assets	0	0	0	0
10. Subtotals, cash and invested assets (Line 1 to Line 9)	15,138,670	0	15,138,670	5,247,541
11. Title plants less \$ 0 charged off (for Title insurers only)	0	0	0	0
12. Investment income due and accrued	21,731	0	21,731	42,367
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection	906,073	618,098	287,975	273,647
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums)	0	0	0	0
13.3 Accrued retrospective premiums	9,028,425	1,045,961	7,982,464	4,183,842
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers	1,127,617	0	1,127,617	0
14.2 Funds held by or deposited with reinsured companies	0	0	0	0
14.3 Other amounts receivable under reinsurance contracts	1,101,817	0	1,101,817	0
15. Amounts receivable relating to uninsured plans	8,915,632	0	8,915,632	1,220,157
16.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	0
16.2 Net deferred tax asset	0	0	0	0
17. Guaranty funds receivable or on deposit	0	0	0	0
18. Electronic data processing equipment and software	0	0	0	0
19. Furniture and equipment, including health care delivery assets (\$ 0)	201,897	201,897	0	0
20. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
21. Receivables from parent, subsidiaries and affiliates	0	0	0	0
22. Health care (\$ 0) and other amounts receivable	96,629	0	96,629	1,723,866
23. Aggregate write-ins for other than invested assets	570,416	570,416	0	0
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 10 to Line 23)	37,108,907	2,436,372	34,672,535	12,691,420
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
26. Totals (Line 24 and Line 25)	37,108,907	2,436,372	34,672,535	12,691,420
DETAILS OF WRITE-INS				
0901.	0	0	0	0
0902.	0	0	0	0
0903.	0	0	0	0
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Line 0901 through Line 0903 plus Line 0998) (Line 9 above)	0	0	0	0
2301. Prepaid Expenses	309,000	309,000	0	0
2302. Intangible Asset - Licensing	127,761	127,761	0	0
2303. Other Assets	133,655	133,655	0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above)	570,416	570,416	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$ 0 reinsurance ceded).....	4,328,111	0	4,328,111	3,112,367
2. Accrued medical incentive pool and bonus amounts.....	0	0	0	0
3. Unpaid claims adjustment expenses.....	326,619	0	326,619	75,572
4. Aggregate health policy reserves.....	10,952	0	10,952	924,342
5. Aggregate life policy reserves.....	0	0	0	0
6. Property/casualty unearned premium reserve.....	0	0	0	0
7. Aggregate health claim reserves.....	0	0	0	0
8. Premiums received in advance.....	65,489	0	65,489	0
9. General expenses due or accrued.....	197,169	0	197,169	147,528
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized gains (losses)).....	0	0	0	0
10.2 Net deferred tax liability.....	0	0	0	0
11. Ceded reinsurance premiums payable.....	1,483,664	0	1,483,664	0
12. Amounts withheld or retained for the account of others.....	1,288,657	0	1,288,657	0
13. Remittances and items not allocated.....	0	0	0	0
14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current).....	0	0	0	0
15. Amounts due to parent , subsidiaries and affiliates.....	1,165,506	0	1,165,506	3,205,496
16. Payable for securities.....	0	0	0	0
17. Funds held under reinsurance treaties with (\$ 3,860,946 authorized reinsurers and \$ 0 unauthorized reinsurers).....	3,860,946	0	3,860,946	0
18. Reinsurance in unauthorized companies.....	0	0	0	0
19. Net adjustments in assets and liabilities due to foreign exchange rates.....	0	0	0	0
20. Liability for amounts held under uninsured plans.....	0	0	0	0
21. Aggregate write-ins for other liabilities (including \$ 0 current).....	0	0	0	0
22. Total liabilities (Line 1 to Line 21).....	12,727,113	0	12,727,113	7,465,305
23. Aggregate write-ins for special surplus funds.....	X X X	X X X	0	0
24. Common capital stock.....	X X X	X X X	2,000,000	2,000,000
25. Preferred capital stock.....	X X X	X X X	0	0
26. Gross paid in and contributed surplus.....	X X X	X X X	23,700,000	8,700,000
27. Surplus notes.....	X X X	X X X	0	0
28. Aggregate write-ins for other than special surplus funds.....	X X X	X X X	0	0
29. Unassigned funds (surplus).....	X X X	X X X	(3,754,578)	(5,473,885)
30. Less treasury stock, at cost:				
30.1 0 shares common (value included in Line 24 \$ 0).....	X X X	X X X	0	0
30.2 0 shares preferred (value included in Line 25 \$ 0).....	X X X	X X X	0	0
31. Total capital and surplus (Line 23 to Line 29 minus Line 30).....	X X X	X X X	21,945,422	5,226,115
32. Total Liabilities, capital and surplus (Line 22 and Line 31).....	X X X	X X X	34,672,535	12,691,420
DETAILS OF WRITE-INS				
2101.	0	0	0	0
2102.	0	0	0	0
2103.	0	0	0	0
2198. Summary of remaining write-ins for Line 21 from overflow page.....	0	0	0	0
2199. Totals (Line 2101 through Line 2103 plus Line 2198) (Line 21 above).....	0	0	0	0
2301.	X X X	X X X	0	0
2302.	X X X	X X X	0	0
2303.	X X X	X X X	0	0
2398. Summary of remaining write-ins for Line 23 from overflow page.....	X X X	X X X	0	0
2399. Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above).....	X X X	X X X	0	0
2801.	X X X	X X X	0	0
2802.	X X X	X X X	0	0
2803.	X X X	X X X	0	0
2898. Summary of remaining write-ins for Line 28 from overflow page.....	X X X	X X X	0	0
2899. Totals (Line 2801 through Line 2803 plus Line 2898) (Line 28 above).....	X X X	X X X	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year to Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	X X X	278,298	100,229	130,881
2. Net premium income (including \$ 0 non-health premium income)	X X X	27,508,071	25,484,728	21,954,571
3. Change in unearned premium reserves and reserve for rate credits	X X X	0	0	0
4. Fee-for-service (net of \$ 0 medical expenses)	X X X	0	0	0
5. Risk revenue	X X X	0	0	0
6. Aggregate write-ins for other health care related revenues	X X X	0	0	0
7. Aggregate write-ins for other non-health revenues	X X X	0	0	0
8. Total revenues (Line 2 to Line 7)	X X X	27,508,071	25,484,728	21,954,571
Hospital and Medical:				
9. Hospital/medical benefits	0	0	0	0
10. Other professional services	0	0	0	0
11. Outside referrals	0	0	0	0
12. Emergency room and out-of-area	0	0	0	0
13. Prescription drugs	0	31,387,398	18,865,113	24,701,159
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts	0	0	0	0
16. Subtotal (Line 9 to Line 15)	0	31,387,398	18,865,113	24,701,159
Less:				
17. Net reinsurance recoveries	0	8,396,490	0	0
18. Total hospital and medical (Line 16 minus Line 17)	0	22,990,908	18,865,113	24,701,159
19. Non-health claims (net)	0	0	0	0
20. Claims adjustment expenses, including \$ 0 cost containment expenses	0	1,414,492	712,691	940,800
21. General administrative expenses	0	1,569,560	3,040,466	4,128,141
22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only)	0	0	0	0
23. Total underwriting deductions (Line 18 through Line 22)	0	25,974,960	22,618,270	29,770,100
24. Net underwriting gain or (loss) (Line 8 minus Line 23)	X X X	1,533,111	2,866,458	(7,815,529)
25. Net investment income earned	0	103,969	48,049	139,492
26. Net realized capital gains (losses) less capital gains tax of \$ 0	0	0	0	0
27. Net investment gains (losses) (Line 25 plus Line 26)	0	103,969	48,049	139,492
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 60,289) (amount charged off \$ 0)]	0	0	0	(400,000)
29. Aggregate write-ins for other income or expenses	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Line 24 plus Line 27 plus Line 28 plus Line 29)	X X X	1,637,080	2,914,507	(8,076,037)
31. Federal and foreign income taxes incurred	X X X	0	85,054	0
32. Net income (loss) (Line 30 minus Line 31)	X X X	1,637,080	2,829,453	(8,076,037)
DETAILS OF WRITE-INS				
0601.	X X X	0	0	0
0602.	X X X	0	0	0
0603.	X X X	0	0	0
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X	0	0	0
0699. Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above)	X X X	0	0	0
0701.	X X X	0	0	0
0702.	X X X	0	0	0
0703.	X X X	0	0	0
0798. Summary of remaining write-ins for Line 7 from overflow page	X X X	0	0	0
0799. Totals (Line 0701 through Line 0703 plus Line 0798) (Line 7 above)	X X X	0	0	0
1401.	0	0	0	0
1402.	0	0	0	0
1403.	0	0	0	0
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Line 1401 through Line 1403 plus Line 1498) (Line 14 above)	0	0	0	0
2901.	0	0	0	0
2902.	0	0	0	0
2903.	0	0	0	0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Line 2901 through Line 2903 plus Line 2998) (Line 29 above)	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (continued)

CAPITAL AND SURPLUS ACCOUNT	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
33. Capital and surplus prior reporting year	5,226,115	10,229,594	10,229,594
34. Net income (loss) from Line 32	1,637,080	2,829,453	(8,076,037)
35. Change in valuation basis of aggregate policy and claims reserves	0	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ 0	0	0	0
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0	0
38. Change in net deferred income tax	0	0	0
39. Change in nonadmitted assets	(10,659)	(1,390,971)	(2,185,389)
40. Change in unauthorized reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles	0	0	0
44. Capital Changes:			
44.1 Paid in	0	900,000	900,000
44.2 Transferred from surplus (Stock Dividend)	0	0	0
44.3 Transferred to surplus	0	0	0
45. Surplus adjustments:			
45.1 Paid in	15,000,000	0	4,500,000
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Tranferred from capital	0	0	0
46. Dividends to stockholders	0	0	0
47. Aggregate write-ins for gains or (losses) in surplus	92,886	40,170	(142,053)
48. Net change in capital and surplus (Line 34 to Line 47)	16,719,307	2,378,652	(5,003,479)
49. Capital and surplus end of reporting period (Line 33 plus Line 48)	21,945,422	12,608,246	5,226,115
DETAILS OF WRITE-INS			
4701. Prior Period Adjustments	92,886	40,170	(142,053)
4702.	0	0	0
4703.	0	0	0
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Line 4701 through Line 4703 plus Line 4798) (Line 47 above)	92,886	40,170	(142,053)

CASH FLOW

	1	2
	Current Year To Date	Prior Year Ended December 31
Cash from Operations		
1. Premiums collected net of reinsurance	23,364,253	34,547,764
2. Net investment income	136,627	140,502
3. Miscellaneous income	0	0
4. Total (Line 1 through Line 3)	23,500,880	34,688,266
5. Benefit and loss related payments	21,189,739	27,686,447
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	10,375,320	6,453,342
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)	0	0
10. Total (Line 5 through Line9)	31,565,059	34,139,789
11. Net cash from operations (Line 4 minus Line 10)	(8,064,179)	548,477
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	3,935,000	300,000
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Line 12.1 through Line 12.7)	3,935,000	300,000
13. Cost of investments acquired (long-term only):		
13.1 Bonds	5,047,550	1,578,259
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	227,644
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Line 13.1 through Line 13.6)	5,047,550	1,805,903
14. Net increase or (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(1,112,550)	(1,505,903)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	15,000,000	5,400,000
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	2,970,849	(5,274,879)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	17,970,849	125,121
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	8,794,120	(832,305)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	449,940	1,282,245
19.2 End of period (Line 18 plus Line 19.1)	9,244,060	449,940

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001	0	0
20.0002	0	0
20.0003	0	0
20.0004	0	0
20.0005	0	0
20.0006	0	0
20.0007	0	0
20.0008	0	0
20.0009	0	0
20.0010	0	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital and Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	10,588	0	0	0	0	0	0	0	0	10,588
2. First Quarter	28,996	0	0	0	0	0	0	0	0	28,996
3. Second Quarter	31,994	0	0	0	0	0	0	0	0	31,994
4. Third Quarter	35,272	0	0	0	0	0	0	0	0	35,272
5. Current Year	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	278,928	0	0	0	0	0	0	0	0	278,928
Total Member Ambulatory Encounters for Period:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (a)	35,113,136	0	0	0	0	0	0	0	0	35,113,136
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	35,113,136	0	0	0	0	0	0	0	0	35,113,136
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	30,171,655	0	0	0	0	0	0	0	0	30,171,655
18. Amount Incurred for Provision of Health Care Services	31,387,398	0	0	0	0	0	0	0	0	31,387,398

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 35,113,136

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually listed claims unpaid						
Rx Options, Inc.	4,328,111	0	0	0	0	4,328,111
0199999 - Individually listed claims unpaid	4,328,111	0	0	0	0	4,328,111
0499999 - Subtotals	4,328,111	0	0	0	0	4,328,111
0799999 - Total claims unpaid						4,328,111

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 plus 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	0	0	0	0	0	0
2. Medicare Supplement	0	0	0	0	0	0
3. Dental only	0	0	0	0	0	0
4. Vision only	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan	0	0	0	0	0	0
6. Title XVIII - Medicare	0	0	0	0	0	0
7. Title XIX - Medicaid	0	0	0	0	0	0
8. Other health	3,112,367	18,662,797	0	4,328,111	3,112,367	3,112,367
9. Health subtotal (Line 1 to Line 8)	3,112,367	18,662,797	0	4,328,111	3,112,367	3,112,367
10. Healthcare recievables (a)	0	0	0	0	0	0
11. Other non-health	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts	0	0	0	0	0	0
13. Totals	3,112,367	18,662,797	0	4,328,111	3,112,367	3,112,367

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Envision Insurance Company (the Company) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (ODI).

The ODI recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company and for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio.

B. Use of Estimates in the Preparation of the Financial Statements

No Change

2. Accounting Changes and Corrections of Errors

The Company recorded a \$92,886 prior period increase adjustment in surplus from financial changes made during the Company's 2008 annual audit.

3. Business Combination and Goodwill

No Change

4. Discontinued Operations

No Change

5. Investments

No Change

6. Joint Ventures, Partnerships and Limited Liability Companies

No Change

7. Investment Income

No Change

8. Derivative Instruments

No Change

9. Income Taxes

No Change

10. Information Concerning Parent, Subsidiaries and Affiliates

A. Nature of the relationship

No Change

B. Significant transactions for each Period

The Company received capital contributions from Rx Options, Inc in the amount of \$5,000,000 in the first quarter 2009 and \$10,000,000 in the third quarter for a total amount of \$15,000,000.

C. Intercompany Management and Service Arrangements

No Change

D. Amounts Due to or from Related Parties

At September 30, 2009 and the year ended December 31, 2008, the Company reported \$0 and \$0 due from affiliates and \$1,165,506 and \$3,205,496 due to affiliates, respectively. The September 30, 2009 payable balances represent intercompany transactions that will be settled in accordance with the settlement terms of the intercompany agreement.

E. The Company did not enter into guarantees or undertaking for the benefit of an affiliate which would result in a material contingent exposure of the Company's or any affiliated insurer's assets or liabilities.

F. Management, Service Contracts, Cost Sharing Arrangements

No Change

G. Nature of Relationships that Could Affect Operations

No Change

H. Amount Deducted for Investment in Upstream Company

No Change

NOTES TO FINANCIAL STATEMENTS

- I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets

No Change

- J. Write-down for Impairments of Investments in Subsidiaries, Controlled or Affiliated Companies

No Change

- K. Investment in a Foreign Insurance Subsidiary

No Change

11. Debt

No Change

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans.

No Change

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

No Change

14. Contingencies

No Change

15. Leases

No Change

16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

No Change

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- C. The Company does not have any wash sales.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

No Change

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No Change

20. Other Items

No Change

21. Events Subsequent

No subsequent events

22. Reinsurance

- A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative officer, trustee, or director of the company?

Yes () No(X) Not Applicable

- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

Yes () No(X) Not Applicable

Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premiums or other similar credit?

Yes () No(X) Not Applicable

- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued though the statement date may result in a payment to the reinsurer of amounts that, in aggregate an allowing for offset of mutual credit from other reinsurance agreements with the same reinsurer, exceed the total

NOTES TO FINANCIAL STATEMENTS

direct premium collected under the reinsured policies?

Yes () No(X) Not Applicable

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premiums or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate.

\$____ Not Applicable

- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that are in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes () No(X) Not Applicable

B. Uncollectible Reinsurance

The Company has no uncollectible reinsurance at September 30, 2009.

C. Commutation of Ceded Reinsurance

The Company has not commuted ceded reinsurance during the quarter ended September 30, 2009.

23. Retrospectively Rated Contracts & Contracts Subject to Redetermination

No Change

24. Change in Incurred Losses

Unpaid claims and claims adjustment expenses were \$4,901,501 at September 30, 2009. In the quarter ending September 30, 2009, \$3,187,939 has been paid for incurred claims and claims adjustment expenses attributable to insured events of 2008. The reserves at September 30, 2009 are for current year activities. There are no reserves remaining for prior years.

25. Intercompany Pooling Arrangements

No Change

26. Structured Settlements

No Change

27. Health Care Receivables

No change

28. Participating Policies

No Change

29. Premium Deficiency Reserves

No Change

30. Anticipated Subrogation and Other Receivables

No Change

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes () No (X)
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes () No ()
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes () No (X)
- 2.2

If yes, date of change:

.....
3.

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes () No (X)
- If yes, complete the Schedule Y - Part 1 - organizational chart.
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes () No (X)
- 4.2

If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....
.....
.....

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s) , managing general agent(s) , attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes () No (X) N/A ()
- If yes, attach an explanation.
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2008
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity .
This date should be the date of the examined balance sheet and not the date the report was completed or released.

06/30/2006
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity .
This is the release date or completion date of the examination report and not the date of the examination (balance sheet date) .

08/24/2006
- 6.4

By what department or departments?

Ohio Department of Insurance
.....
- 6.5

Have any financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes () No () N/A (X)
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes () No () N/A (X)
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.)

Yes () No (X)
- 7.2

If yes, give full information

.....
.....
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes () No (X)
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.

.....
.....
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes () No (X)
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB) , the Office of the Comptroller of the Currency (OCC) , the Office of Thrift Supervision (OTS) , the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
.....
.....
.....

GENERAL INTERROGATORIES (continued)

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted.)

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes (X) No ()

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

.....

9.2 Has the code of ethics for senior managers been amended? Yes () No (X)

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

.....

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes () No (X)

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

.....

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes () No (X)

10.2 If yes, indicate the amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? Yes () No (X)

(Exclude securities under securities lending agreements.)

11.2 If yes, give full and complete information relating thereto:

.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0

13. Amount of real estate and mortgages held in short-term investments: \$ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes () No (X)

14.2 If yes, please complete the following:

	1	2
	Prior Year-End Book/ Adjusted Carrying Value	Current Quarter Book/ Adjusted Carrying Value
14.21 Bonds	\$ 0	\$ 0
14.22 Preferred Stock	\$ 0	\$ 0
14.23 Common Stock	\$ 0	\$ 0
14.24 Short-Term Investments	\$ 0	\$ 0
14.25 Mortgage Loans on Real Estate	\$ 0	\$ 0
14.26 All Other	\$ 0	\$ 0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Line 14.21 to Line 14.26)	\$ 0	\$ 0
14.28 Total Investment in Parent included in Line 14.21 to Line 14.26 above	\$ 0	\$ 0

15.1 Has the reporting entity entered into any hedging transactions reported on schedule DB? Yes () No (X)

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes () No ()

If no, attach a description with this statement.

GENERAL INTERROGATORIES (continued)

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted.)

16. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, F - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes (X) No ()

16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian (s)	2 Custodian Address
Huntington National Bank	30 Market Street, Akron, OH 44308
Wells Fargo Bank	40 Capital Markert Street, Suite 702, Sacramento, CA 95814
.....

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name (s)	2 Location(s)	3 Complete Explanation (s)
.....
.....
.....

16.3 Have there been any changes, including name changes, in the custodian (s) identified in 16.1 during the current quarter? Yes () No (X)

16.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....
.....
.....

16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of brokers/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name (s)	3 Address
.....
.....
.....

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes (X) No ()

17.2 If no, list exceptions:

.....
.....

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Location	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)
0199998 - Life and Annuity - Affiliates						
0299998 - Life and Annuity - Non-Affiliates						
0399998 - Accident and Health - Affiliates						
Accident and Health - Non-Affiliates						
8834	59-2859797	01/01/2009	Hannover Life Reassurance Co of America	Orlando, Florida	OTH/G	Yes
0499998 - Accident and Health - Non-Affiliates						
0599998 - Property/Casualty - Affiliates						
0699998 - Property/Casualty - Non-Affiliates						

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1	Direct Business Only Year to Date							
			2	3	4	5	6	7	8	9
States, Etc.		Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Column 2 Through Column 7	Deposit-Type Contracts
1.	Alabama	AL L	284,124	0	0	0	0	0	284,124	0
2.	Alaska	AK L	26,643	0	0	0	0	0	26,643	0
3.	Arizona	AZ L	179,753	0	0	0	0	0	179,753	0
4.	Arkansas	AR L	74,176	0	0	0	0	0	74,176	0
5.	California	CA L	1,218,143	0	0	0	0	0	1,218,143	0
6.	Colorado	CO L	146,486	0	0	0	0	0	146,486	0
7.	Connecticut	CT L	1,905,426	0	0	0	0	0	1,905,426	0
8.	Delaware	DE L	543,556	0	0	0	0	0	543,556	0
9.	District of Columbia	DC L	509,960	0	0	0	0	0	509,960	0
10.	Florida	FL L	1,002,617	0	0	0	0	0	1,002,617	0
11.	Georgia	GA L	431,675	0	0	0	0	0	431,675	0
12.	Hawaii	HI L	23,430	0	0	0	0	0	23,430	0
13.	Idaho	ID L	83,662	0	0	0	0	0	83,662	0
14.	Illinois	IL L	497,917	0	0	0	0	0	497,917	0
15.	Indiana	IN L	526,422	0	0	0	0	0	526,422	0
16.	Iowa	IA L	107,069	0	0	0	0	0	107,069	0
17.	Kansas	KS L	239,785	0	0	0	0	0	239,785	0
18.	Kentucky	KY L	123,555	0	0	0	0	0	123,555	0
19.	Louisiana	LA L	113,317	0	0	0	0	0	113,317	0
20.	Maine	ME N	40,416	0	0	0	0	0	40,416	0
21.	Maryland	MD L	2,516,135	0	0	0	0	0	2,516,135	0
22.	Massachusetts	MA L	5,283,923	0	0	0	0	0	5,283,923	0
23.	Michigan	MI N	694,519	0	0	0	0	0	694,519	0
24.	Minnesota	MN L	115,368	0	0	0	0	0	115,368	0
25.	Mississippi	MS L	129,284	0	0	0	0	0	129,284	0
26.	Missouri	MO L	335,276	0	0	0	0	0	335,276	0
27.	Montana	MT L	48,646	0	0	0	0	0	48,646	0
28.	Nebraska	NE L	37,880	0	0	0	0	0	37,880	0
29.	Nevada	NV L	104,146	0	0	0	0	0	104,146	0
30.	New Hampshire	NH L	105,686	0	0	0	0	0	105,686	0
31.	New Jersey	NJ L	408,717	0	0	0	0	0	408,717	0
32.	New Mexico	NM L	41,359	0	0	0	0	0	41,359	0
33.	New York	NY L	506,386	0	0	0	0	0	506,386	0
34.	North Carolina	NC N	847,403	0	0	0	0	0	847,403	0
35.	North Dakota	ND L	12,321	0	0	0	0	0	12,321	0
36.	Ohio	OH L	654,549	0	0	0	0	0	654,549	0
37.	Oklahoma	OK L	117,951	0	0	0	0	0	117,951	0
38.	Oregon	OR L	94,196	0	0	0	0	0	94,196	0
39.	Pennsylvania	PA L	453,339	0	0	0	0	0	453,339	0
40.	Rhode Island	RI L	653,386	0	0	0	0	0	653,386	0
41.	South Carolina	SC L	1,991,926	0	0	0	0	0	1,991,926	0
42.	South Dakota	SD L	42,962	0	0	0	0	0	42,962	0
43.	Tennessee	TN N	466,865	0	0	0	0	0	466,865	0
44.	Texas	TX L	4,748,077	0	0	0	0	0	4,748,077	0
45.	Utah	UT L	70,206	0	0	0	0	0	70,206	0
46.	Vermont	VT N	449,400	0	0	0	0	0	449,400	0
47.	Virginia	VA L	3,332,272	0	0	0	0	0	3,332,272	0
48.	Washington	WA N	341,756	0	0	0	0	0	341,756	0
49.	West Virginia	WV L	79,495	0	0	0	0	0	79,495	0
50.	Wisconsin	WI L	2,342,839	0	0	0	0	0	2,342,839	0
51.	Wyoming	WY L	8,736	0	0	0	0	0	8,736	0
52.	American Samoa	AS N	0	0	0	0	0	0	0	0
53.	Guam	GU N	0	0	0	0	0	0	0	0
54.	Puerto Rico	PR N	0	0	0	0	0	0	0	0
55.	U.S. Virgin Islands	VI N	0	0	0	0	0	0	0	0
56.	Northern Mariana Islands	MP N	0	0	0	0	0	0	0	0
57.	Canada	CN N	0	0	0	0	0	0	0	0
58.	Aggregate Other Alien	OT XXX	0	0	0	0	0	0	0	0
59.	Subtotal	XXX	35,113,136	0	0	0	0	0	35,113,136	0
60.	Reporting entity contributions for Employee Benefit Plans	XXX	0	0	0	0	0	0	0	0
61.	Total (Direct Business)	(a) 45	35,113,136	0	0	0	0	0	35,113,136	0
DETAILS OF WRITE-INS										
5801.			0	0	0	0	0	0	0	0
5802.			0	0	0	0	0	0	0	0
5803.			0	0	0	0	0	0	0	0
5898.	Summary of remaining write-ins for Line 58 from overflow page		0	0	0	0	0	0	0	0
5899.	Total (Line 5801 through Line 5803 plus Line 5898) (Line 58 above)		0	0	0	0	0	0	0	0

(a) Insert the number of "L" responses except for Canada and Other Alien.

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES
OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

PART 1 - ORGANIZATIONAL CHART

NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing . However , in the event that your company does not transact the type of business for which the special report must be filed , your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below . If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATIONS and provide an explanation following the interrogatory questions .

	RESPONSE
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	YES

EXPLANATIONS:

.....

BAR CODE:

Document Identifier 365:

SCHEDULE A - VERIFICATION

Real Estate

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	226,276	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition	0	227,644
2.2 Additional investment made after acquisition	0	0
3. Current year change in encumbrances	0	0
4. Total gain (loss) on disposals	0	0
5. Deduct amounts received on disposals	0	0
6. Total foreign exchange change in book/adjusted carrying value	0	0
7. Deduct current year's other than temporary impairment recognized	0	0
8. Deduct current year's depreciation	3,519	1,368
9. Book/adjusted carrying value at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 minus Line 5 plus Line 6 minus Line 7 plus Line 8)	222,757	226,276
10. Deduct total nonadmitted amounts	0	0
11. Statement value at end of current period (Line 9 minus Line 10)	222,757	226,276

SCHEDULE B - VERIFICATION

Mortgage Loans

	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition	0	0
2.2 Additional investment made after acquisition	0	0
3. Capitalized deferred interest and other	0	0
4. Accrual of discount	0	0
5. Unrealized valuation increase (decrease)	0	0
6. Total gain (loss) on disposals	0	0
7. Deduct amounts received on disposals	0	0
8. Deduct amortization of premium and mortgage discount	0	0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest	0	0
10. Deduct current year's other than temporary impairment recognized	0	0
11. Book value/recorded investment excluding accrued interest at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus Line 5 plus Line 6 minus Line 7 minus Line 8 plus Line 9 minus Line 10)	0	0
12. Total Valuation Allowance	0	0
13. Subtotal (Line 11 plus Line 12)	0	0
14. Deduct total nonadmitted amounts	0	0
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition	0	0
2.2 Additional investment made after acquisition	0	0
3. Capitalized deferred interest and other	0	0
4. Accrual of discount	0	0
5. Unrealized valuation increase (decrease)	0	0
6. Total gain (loss) on disposals	0	0
7. Deduct amounts received on disposals	0	0
8. Deduct amortization of premium and depreciation	0	0
9. Total foreign exchange change in book/adjusted carrying value	0	0
10. Deduct current year's other than temporary impairment recognized	0	0
11. Book/adjusted carrying value at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus Line 5 plus Line 6 minus Line 7 minus Line 8 plus Line 9 minus Line 10)	0	0
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	4,571,325	3,312,222
2. Cost of bonds and stocks acquired	5,047,550	1,578,259
3. Accrual of discount	0	0
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration for bonds and stocks disposed of	3,935,000	300,000
7. Deduct amortization of premium	12,022	19,156
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus Line 5 minus Line 6 minus Line 7 plus Line 8 minus Line 9)	5,671,853	4,571,325
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	5,671,853	4,571,325

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a)	5,331,413	3,024,422	2,680,000	(3,982)	5,078,302	5,331,413	5,671,853	4,571,325
2. Class 2 (a)	0	0	0	0	0	0	0	0
3. Class 3 (a)	0	0	0	0	0	0	0	0
4. Class 4 (a)	0	0	0	0	0	0	0	0
5. Class 5 (a)	0	0	0	0	0	0	0	0
6. Class 6 (a)	0	0	0	0	0	0	0	0
7. Total Bonds	5,331,413	3,024,422	2,680,000	(3,982)	5,078,302	5,331,413	5,671,853	4,571,325
PREFERRED STOCK								
8. Class 1	0	0	0	0	0	0	0	0
9. Class 2	0	0	0	0	0	0	0	0
10. Class 3	0	0	0	0	0	0	0	0
11. Class 4	0	0	0	0	0	0	0	0
12. Class 5	0	0	0	0	0	0	0	0
13. Class 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	5,331,413	3,024,422	2,680,000	(3,982)	5,078,302	5,331,413	5,671,853	4,571,325

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation:
NAIC 1 \$ 0 ; NAIC 2 \$ 0 ; NAIC 3 \$ 0 ; NAIC 4 \$ 0 ; NAIC 5 \$ 0 ; NAIC 6 \$ 0

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999 Totals	NONE		0	0	0

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book / adjusted carrying value, December 31 of prior year	0	50,094
2. Cost of short-term investments acquired	0	0
3. Accrual of discount	0	0
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	0	50,094
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Line 1 + Line 2 + Line 3 + Line 4 + Line 5 - Line 6 - Line 7 + Line 8 - Line 9)	0	0
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

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Schedule DB, Pt. F, Section 1, Replicated (Synthetic) Assets Open
NONE

Page SI05

Sch. DB, Pt. F, Sn. 2, Reconciliation Replicated (Syn.) Assets
NONE

Page SI06

Schedule E, Verification (Cash Equivalents)
NONE

Page E01

Sch. A, Pt. 2, Real Estate Acquired
NONE

Sch. A, Pt. 3, Real Estate Disposed
NONE

Page E02

Schedule B, Part 2, Mortgage Loans Acquired
NONE

Schedule B, Part 3, Mortgage Loans Disposed
NONE

Page E03

Sch. BA, Pt. 2, Other Long-Term Invested Assets Acquired
NONE

Sch. BA, Pt. 3, Other Long-Term Invested Assets Disposed
NONE

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
Bonds - U. S. Governments									
912828-HV-5	US Treasury		09/30/2009	Deutsche Banc Alex Brown		2,309,895	2,245,000.00	0	1
912828-HV-5	US Treasury		09/30/2009	Deutsche Banc Alex Brown		411,562	400,000.00	0	1
912828-KY-5	US Treasury		07/15/2009	Barclays Capital		302,965	300,000.00	321	1
0399999	Subtotal - Bonds - U.S. Governments					3,024,422	2,945,000.00	321	
8399997	Subtotal - Bonds - Part 3					3,024,422	2,945,000.00	321	
8399999	Subtotal - Bonds					3,024,422	2,945,000.00	321	
9999999	TOTALS					3,024,422		321	

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues 0 .

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of
by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change In Book / Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identifi- cation	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amort- ization) / Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B. / A. C. V. (11+12-13)	Total Foreign Exchange Change in B. / A. C. V.	Book / Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Maturity Date	NAIC Designa- tion or Market Indi- cator (a)
Bonds - U. S. Governments																					
912828-HD-5	US Treasury		09/30/2009	Matured		2,245,000	2,245,000.00	2,252,279	2,247,848	0	(2,848)	0	(2,848)	0	2,245,000	0	0	0	89,800	09/30/2009	1
912828-HD-5	US Treasury		09/30/2009	Matured		400,000	400,000.00	401,297	400,486	0	(486)	0	(486)	0	400,000	0	0	0	16,000	09/30/2009	1
912828-HD-5	US Treasury		09/30/2009	Matured		35,000	35,000.00	35,701	35,485	0	(485)	0	(485)	0	35,000	0	0	0	1,400	09/30/2009	1
0399999	- Subtotal - Bonds - U. S. Governments					2,680,000	2,680,000.00	2,689,277	2,683,819	0	(3,819)	0	(3,819)	0	2,680,000	0	0	0	107,200		
8399997	- Subtotal - Bonds - Part 4					2,680,000	2,680,000.00	2,689,277	2,683,819	0	(3,819)	0	(3,819)	0	2,680,000	0	0	0	107,200		
8399999	- Subtotal - Bonds					2,680,000	2,680,000.00	2,689,277	2,683,819	0	(3,819)	0	(3,819)	0	2,680,000	0	0	0	107,200		
9999999	- TOTALS					2,680,000		2,689,277	2,683,819	0	(3,819)	0	(3,819)	0	2,680,000	0	0	0	107,200		

(a) For all common stock bearing the NAIC market indicator 'U' provide: the number of such issues 0 .

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Schedule DB, Part A, Section 1
NONE

Schedule DB, Part B, Section 1
NONE

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Schedule DB, Part C, Section 1
NONE

Schedule DB, Part D, Section 1
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository		2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
		Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	*
Name	Location and Supplemental Information					First Month	Second Month	Third Month	
Open Depositories									
Huntington National Bank	Akron, Ohio		0.000	0	0	17,529,188	13,423,586	8,856,188	
JP Morgan Chase Bank	Baton Rouge, Louisiana		0.000	0	0	0	0	0	
Wells Fargo	Portland Oregon		0.000	0	0	335,228	345,241	335,249	
0199999 - TOTAL - Open Depositories				0	0	17,864,416	13,768,827	9,191,437	
0399999 - TOTAL Cash on Deposit				0	0	17,864,416	13,768,827	9,191,437	
0499999 - Cash in Company's Office						8,109	8,109	52,623	
0599999 - TOTALS				0	0	17,872,525	13,776,936	9,244,060	

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Schedule E, Part 2, Cash Equivalents
NONE



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30 , 2009 OF THE ENVISION INSURANCE COMPANY

MEDICARE PART D COVERAGE SUPPLEMENT
(Net of Reinsurance)

NAIC Group Code: 0000 NAIC Company Code: 12747

	1	2	3	4	5
	Individual Coverage		Group Coverage		Total Cash
	Insured	Uninsured	Insured	Uninsured	
1. Premiums Collected	7,628,278	X X X	516,154	X X X	8,144,432
2. Earned Premiums	6,512,154	X X X	440,633	X X X	X X X
3. Claims Paid	9,484,451	X X X	641,748	X X X	10,126,199
4. Claims Incurred	7,873,194	X X X	505,294	X X X	X X X
5. Reinsurance Coverage and Low Income Cost Sharing - Claims Paid Net of Reimbursements Applied (a)	X X X	4,815,034	X X X	325,801	5,140,835
6. Aggregate Policy Reserves - Change	0	X X X	0	X X X	X X X
7. Expenses Paid	1,274,869	X X X	86,262	X X X	1,361,131
8. Expenses Incurred	941,374	X X X	63,696	X X X	X X X
9. Underwriting Gain or Loss	(2,302,414)	X X X	(128,357)	X X X	X X X
10. Cash Flow Result	X X X	X X X	X X X	X X X	(8,483,733)

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$ 5,140,835 due from CMS or \$ 0 due to CMS